

SERIAL NUMBER 09/214,875	FILING DATE 04/19/99	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 02581P0045A
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APPLICANT

HUBERT MANHÈS, VICHY, FRANCE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

MVK

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/DE97/01552 07/22/97

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED FED REP GERMANY DE196 29 537.8 07/28/96

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/06/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials	Initials				

ADDRESS

WESLEY W WHITMYER JR

ST ONGE STEWARD JOHNSTON &amp; REENS

986 BEDFORD STREET

STAMFORD CT 06905-5619

PHONE: (203)324-6155

TITLE

TROCAR SHEATH FOR ENDOSCOPIC USE

FILING FEE RECEIVED \$970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Crédit _____
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Bib Data Sheet

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Washington, D.C. 20231

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HUBERT MANHES, VICHY, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/DE97/01552 07/22/1997

yes, VB

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY DE196 29 537.8 07/28/1996

yes, VB

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**WESLEY W WHITMYER JR  
ST ONGE STEWARD JOHNSTON & REENS  
986 BEDFORD STREET  
STAMFORD, CT 069055619**TITLE**

Trocar Sleeve For Endoscopic Applications

FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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